STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495360	A. BUILDING _____ B. WING _____	C 06/14/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WOODLANDS HEALTH AND REHAB CENTER	1000 FAIRVIEW HEIGHTS CLIFTON FORGE, VA 24422

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 06/12/17 through 06/14/17. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint was investigated during the survey. The Life Safety Code survey/report will follow. The census in this 60 certified bed facility was 50 at the time of the survey. The survey sample consisted of 13 current Resident reviews (Residents #1 through #12 and #14) and one (1) closed record review (Resident #13).	F 000		
F 241 SS=D	DIGNITY AND RESPECT OF INDIVIDUALITY CFR(s): 483.10(a)(1) (a)(1) A facility must treat and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life recognizing each resident's individuality. The facility must protect and promote the rights of the resident. This REQUIREMENT is not met as evidenced by: Based on resident interview the facility staff failed to promote dignity and respect for one of 14 residents in the survey sample: Resident # 1. Resident # 1 stated she had soiled in her diaper waiting for staff to assist her to the bathroom. Findings include: Resident # 1 was admitted to the facility 12/13/13 with diagnoses to include, but not limited to: congestive heart failure, diabetes, high blood pressure, and osteoporosis.	F 241	F TAG: 241 CROSS REFERENCE TO COV32.1-138(A)(10) CORRECTIVE ACTION: Resident #1 was immediately changed upon CNA notification. IDENTIFYING OTHER RESIDENTS: A resident council meeting was held to discuss call light responses, toileting assistance and enhancing resident dignity. Any resident has the potential to be affected if call bells are not answered	7/21/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/20/2017

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F 241	Continued From page 1 The most recent MDS (minimum data set) was a quarterly review dated 3/15/17 and had Resident # 1 coded as cognitively intact. On 6/13/17 beginning at 10:30 a.m. during an interview with Resident # 1, she was asked about call response time, and care provided by staff. Resident # 1 stated "Well, they take their sweet time, I can tell you that. I have waited as long as 40 minutes after ringing my call bell. This morning, for example, I put rang my call bell and I tried to wait for staff to come in and help me to the bathroom. I could not wait any longer, and I messed myself in my diaper; I don't like that. I take a pretty big dose of my fluid pill, and I don't mind to pee in my diaper, but I certainly do not like to mess myself!" On 6/13/17 at 3:45 p.m. during an end of the day meeting with facility staff, the DON (director of nursing) and administrator were informed of the above findings. No further information was provided prior to the exit conference.	F 241	and dignity not promoted. SYSTEMIC CHANGES: Nursing staff will be inserviced on answering call lights within 5-10 minutes and promoting dignity. MONITORING: DON or designee will audit call light response times daily for 4 weeks, then weekly times 4 weeks, then monthly for 2 months. DON or designee will conduct 2 resident interviews weekly regarding dignity/respect and call bell response who have BIMS score greater than 12 for 4 weeks and then monthly for 2 months. Findings will be reported to QAPI and any variance addressed.	
F 309 SS=D	PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING CFR(s): 483.24, 483.25(k)(l) 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.	F 309		7/21/17

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F 309	Continued From page 2 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following: (k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and clinical record review, the facility staff failed to follow physician's orders for one of 14 residents in the survey sample, Resident #8. Resident #8 was observed without physician ordered hip protectors. Findings include: Resident #8 was admitted to the facility on 11/12/10 with diagnoses including, Osteoporosis,	F 309	F TAG:309 CROSS REFERENCE TO 12VAC-371-220(B) CORRECTIVE ACTION: The hip protectors were immediately placed on Resident#8. Resident #8 will be reassessed to determine if the hip protectors are necessary to meet the residents individual needs. IDENTIFYING OTHER RESIDENTS: All	

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F 309	Continued From page 3 Alzheimer's, and dementia. The most recent MDS (minimum data set) was a quarterly assessment with an ARD (assessment reference date) of 5/6/17. Resident #8 was assessed as being severely cognitively impaired with long and short-term memory loss. Review of Resident #8's medical chart on 6/13/17 evidenced via physician orders, that Resident #8 had an order for "Hip protectors when out of bed." The original date of the order was 3/5/14 and was current at the time of the survey. An intervention for hip protectors was also noted in Resident #8's fall care plan stating "hip protectors to be worn as ordered." The intervention was dated 3/4/17. On 6/13/17 at 11:00 a.m. Resident #8 was observed up in a wheelchair in the dining room without hip protectors in place. At this time, this surveyor asked the certified nursing assistant (CNA #1) to also observe Resident #8 for hip protectors. CNA #8 checked Resident #8's legs and verbalized that she (CNA #1) had forgotten to apply the hip protectors. On 6/13/17 at 3:45 p.m. the above finding was brought to the attention of the director of nursing and administrator. No other information was provided prior to exit conference on 6/14/17.	F 309	residents with hip protectors orders will be reviewed to determine compliance of use. Any resident who uses hip protectors has the potential to be affected if they are not placed per physicians order. Systemic Changes: Licensed nursing staff will be educated on applying adaptive equipment per physicians orders. MONITORING: Nursing Administration or designee will complete rounds on assistive devices 2x a week for 4 weeks and then monthly for 2 months to ensure devices are in place per physicians orders. Findings will be reported to QAPI Committee with any variances addressed.	